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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/648,589
	Filing Date	08/22/2003
	First Named Inventor	C. Frank Bennett
	Art Unit	1832
	Examiner Name	Jon Ashen
	Attorney Docket Number	ISPH-0759
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)											
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):									
Remarks											
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> <table border="1"> <tr> <td>Firm or Individual name</td> <td colspan="2">Colleen J. McKiernan, Ph.D./48,570</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Colleen J. McKiernan</i></td> </tr> <tr> <td>Date</td> <td colspan="2">April 27, 2005</td> </tr> </table>			Firm or Individual name	Colleen J. McKiernan, Ph.D./48,570		Signature	<i>Colleen J. McKiernan</i>		Date	April 27, 2005	
Firm or Individual name	Colleen J. McKiernan, Ph.D./48,570										
Signature	<i>Colleen J. McKiernan</i>										
Date	April 27, 2005										

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Pamela Grooms	
Signature	<i>Pamela Grooms</i>	Date 4/27/05

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number: 10/646,569  
Inventor: Brett P. Monia et al.  
Filing Date: 08/22/2003  
Art Unit: 1632  
Examiner: Jon Ashen  
Attorney Docket Number: RTS-0325  
Customer Number: 32,862  
Confirmation Number: 9744

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Signature

Pamela Grooms

## Petition for Extension of Time

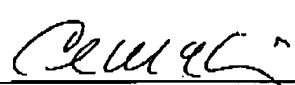
Sir:

Pursuant to §1.136(a), submitted is payment for an  
extension of time to May 21,, 2005 in order to maintain  
copendency with continuation-in-part application BNDL-  
0023US.P1 filed on April 27, 2005.

Applicants respectfully authorize the Director to charge  
the extension fee of \$450.00 due under 37 CFR § 1.17(a)(2),  
charge any deficiency, or credit any overpayment to Deposit  
Account No. 50-0252.

Respectively Submitted

By

  
Colleen J. McKiernan, Ph.D.  
Registration No. 48,570  
Isis Pharmaceuticals, Inc.  
2292 Faraday Ave.  
Carlsbad, CA 92008  
760) 603-2722

04/29/2005 MBIZUNES 00000068 500252 10646569  
01 FC:1252 450.00 DA

PTO/BB/17 (12-04)

Approved for use through 07/31/2006. OMB 0661-0032

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Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 450.00**Complete if Known**

Application Number 10/646,569

Filing Date 08/22/2003

First Named Inventor C. Frank Bennett

Examiner Name Jon Ashen

Art Unit 1632

Attorney Docket No. ISPH-0759

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-0252

Deposit Account Name:

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 2 Month Extension of Time

Fees Paid (\$)

450.00

**SUBMITTED BY**

Signature		Registration No. 48,570 (Attorney/Agent)	Telephone 760 603-2722
Name (Print/Type)	Colleen J. McKiernan, Ph.D.	Date	April 27, 2005

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